

# STATE OF MICHIGAN RUTH JOHNSON, SECRETARY OF STATE DEPARTMENT OF STATE

Lansing

#### -- NOTICE --

YOU ARE HEREBY NOTIFIED THAT THE BOARD OF STATE CANVASSERS WILL CONDUCT A MEETING ON NOVEMBER 15, 2018 AT 2:00 P.M. IN ROOM 426 OF THE STATE CAPITOL BUILDING, LANSING, MICHIGAN.

Included on the Agenda will be:

- Consideration of meeting minutes for approval.
- Consideration of whether the recall petitions submitted by Dean Schuette on October 29, 2018 state factually and clearly each reason for the recall of Jackson County Sheriff Steven Rand. The reasons for recall are printed by Mr. Schuette in the heading of each of the three petitions and are attached to this notice.
- Such other and further business as may be properly presented to the Board.

Sally Williams, Secretary Board of State Canyassers

A person may address the Board on any agenda item at the end of the meeting. A person who wishes to address the Board on an agenda item at the time the item is being discussed must submit a written request to the Chairperson of the Board prior to the opening of the meeting. Persons addressing the Board are allotted three minutes.

People with disabilities needing accommodations for effective participation in this meeting should email elections@michigan.gov or contact Lydia Valles at (517) 241-4662.

### INSTRUCTIONS ON REVERSE SIDE

## RECALL PETITION

FOR CLERK'S USE ONLY	On August 8th 2017, Sheriff Rand accidents Sheriff Rand did not report the incidents WARNING - A PERSON WHO KNOWIN	ame of Officer)  Jently discharged a hand of the entry and attempted to cover the entry SIGNS A RECALL PET	from the office ofgun in his office, er it up. This is	a violation of Michigan La	(District, if Any) or and carpet. awa Section:752.863a	e of Michigan, for the foll	owing re	eason(s):			
A	THE PROVISIONS OF THE MICHIGAN	ELECTION LAW.									
	SIGNATURE	SIGNATURE PRINTED N		STREET ADDRESS O RURAL ROUTE	OR ZIP CODE	DATE Month	OF SIG Day	NING Year			
	1										
	2.						-5-				
							.73				
	3.										
	4.						~ (")	<u></u>			
	5.						- 20				
***************************************	6.										
	7.			***							
	8.					ြို့ က					
***************************************	9.					i - 0					
***************************************	10.										
CERTIFICATE OF CIRCULATOR  The undersigned circulator of the above petition asserts that he or she is 18 years of age or older and a United States citizen; that each signature on the petition was signed in his or her presence and was not obtained through fraud, deceit or misrepresentation; that he or she has neither caused nor permitted a person to sign the petition more than once and has no knowledge of a person signing the petition more than once; and that, to his or her best knowledge and belief, each signature is the genuine signature of the person purporting to sign the petition, the person signing the petition was at the time of signing a registered elector of the City or Township listed in the heading of the petition, and the elector was qualified to sign the petition.				CIRCULATOR - DO NOT SIGN OR DATE CERTIFICATE UNTIL AFTER CIRCULATING PETITION.							
			(Signature of Circulator)			(Date)					
			(Printed Name of Circulate	or)							
If the	he circulator is not a resident of Michigan, the circulator shall ne box provided, otherwise each signature on this petition sheet is constant to the shall be making a cross or check mark in the shall be making a cross or check mark in the shall be shall	s invalid and the signatures will not the box provided, the undersigned	(Complete Residence Add	nplete Residence Address [Street and Number or Rural Route]) - [Do not enter a post office box]							
circula	three by a fining official. By triating a close of Michigan and agree for the purpose of any legal proceeding or hearing that concern ator and agrees that legal process served on the Secretary of S	es to accept the jurisdiction of this a netition sheet executed by the	(City or Township, State, Z	(ip Code)							
Secre	ator and agrees that legal process served on the Secretary of tary of State has the same effect as if personally served on the c	irculator.		Registered to Vote, of a Circulator who	is not a Resident of Michigan)	AC A OIF	~	ATOD			

WARNING-A CIRCULATOR KNOWINGLY MAKING A FALSE STATEMENT IN THE ABOVE CERTIFICATE, A PERSON NOT A CIRCULATOR WHO SIGNS AS A CIRCULATOR, OR A PERSON WHO SIGNS A NAME OTHER THAN HIS OR HER OWN AS CIRCULATOR IS GUILTY OF A MISDEMEANOR.

ORDER BY GBS FORM NO. LB-8816 - Rev. 12/15 GOVERNMENTAL BUSINESS SYSTEMS • 1-888-640-8683 • www.gbsvote.com (FORM PRESCRIBED AND APPROVED BY THE SECRETARY OF STATE, STATE OF MICHIGAN)

	STRUCTIONS ON REVERSE SIDE	D City REC	ALL F	PETITION					
<b></b>	We, the undersigned, registered and qualified voters of the	Trownship Village of ANDU CA		, in the County of TACKSON		, and State	of Michigan	, petition for the	
USE ONLY	calling of an election to recall Sheriff The Jackson County Board of	Steven RAND from the (Name of Officer)  **Commissioners Reques fed	office of I	in the County of Shere is on ACKSON County Shere is Shere is resign his position as Shere aring staff meetings at the Sheriff she could be the stare. I would be an ONCE OR SIGNS A NAME OTHER TH	(District, if Any iff by May /	fo SL-2018	r the followin	g reason(s):	
ERK'S	County benifits Action was can	sed by swenal statements Rand	MAde de	aring staffmeetings at the Sheniff	& Dept-Steniff	RANDS	Aid o	fa	
← FOR CL	Bact employee: "I Always war WARNING-A PERSON WHO KNOW PROVISIONS OF THE MICHIGAN EL	ited to do a snuff film with he INGLY SIGNS A RECALL PETITION N ECTION LAW.	-e ,ANd WORE THA	she could be the stare. I woold ou an once or signs a name other th	AN HIS OR HER	OWN IS	her he VIOLATI	odas I NG THE ejucular	
<b>/</b>	SIGNATURE	PRINTED NAME		STREET ADDRESS OR RURAL ROUTE	ZIP CODE	MONTH DA	TE OF SIGN	IING YEAR	
***************************************	1.	·							
	2.	·							
	3.		·		·				
	4.					-	20	Ŝ	
	5							SM	
	6.						- H	13	
	7.					-	ف ج	10	
	8.						PK		
	9.						: 	. G	
	10.						7		
	11.								
	12.								
sign she mor the	CERTIFICATE undersigned circulator of the above petition asserts that he ature on the petition was signed in his or her presence and has neither caused nor permitted a person to sign the petitio e than once; and that, to his or her best knowledge and belief petition, the person signing the petition was at the time of sig petition, and the elector was qualified to sign the petition.	was not obtained through fraud, deceit or misrepresentation more than once and has no knowledge of a person signing it, each signature is the genuine signature of the person purpor.	n; that he or g the petition orting to sign	(Simplify of Charleton)					
If the circulator is not a resident of Michigan, the circulator shall make a cross [X] or check mark [\nu] in the box provided, otherwise each signature on this petition sheet is invalid and the signatures will not be counted by a filing official. By making a cross or check mark in the box provided, the undersigned circulator asserts that he or she is not a resident of Michigan and agrees to accept the jurisdiction of this state for the purpose of any legal proceeding or hearing that concerns a petition sheet executed by the circulator and agrees that legal process served on the Secretary of State or a designated agent of the Secretary of State has the same effect as if				ot (Complete Residence Address (Street and Number or Rural Routel) - [Do not enter a post office box]					
pers WA A F	agrees that legal process served on the Secretary of State of sonally served on the circulator.  RNING-A CIRCULATOR KNOWINGLY MAKING PERSON NOT A CIRCULATOR WHO SIGNS AS HER THAN HIS OR HER OWN AS CIRCULATOR	IG A FALSE STATEMENT IN THE ABOVE CER A CIRCULATOR, OR A PERSON WHO SIGNS	ITIFICATE,	E, (Clty or Township, State, Zip Code)					
	oan Election Resources - Form No. 2011 - 2015 Revision - Approved by State Oi					-			

## INSTRUCTIONS ON REVERSE SIDE

## RECALL PETITION

	We, the undersigned, registered and qualified voters of the	☐ City of ☐ Township of ☐ Village of ☐ CHECK ONE ☐ Hanover		, in the County of,	, and State	of Michiga	n, petitior	n for the		
S USE ONLY	calling of an election to recall  Sheriff Steven Rand (Name of Officer) (Name of Officer) (Name of Officer) (Name of Officer) (District, if Any)  The Jackson County Board of Commissioners requested he resign his position as Sheriff by May 1st 2018 or late all county benifits.  Action was caused by several statements Rand made during Staff meetings at the Sheriffs Department in the presence of many others.									
R CLERK'S USE	Sheriff Rand said of a County Court Employee: " I always wanted to do a snuff film with her, and she could be the star. I would put one in the back of her head as I (ejaculate)".									
₽ D R	WARNING - A PERSON WHO KNOWINGLY SIGNS A RECALL PETITION MORE THAN ONCE OR SIGNS A NAME OTHER THAN HIS OR HER OWN IS VIOLATING THE PROVISIONS OF THE MICHIGAN ELECTION LAW.									
1	SIGNATURE	PRINTED NA		STREET ADDRESS OR RURAL ROUTE	ZIP CODE	DATE OF SIGNING Month Day Year				
				· · · · · · · · · · · · · · · · · · ·		MOUNT	Day	1cai		
	1.									
	2. ·					20				
	3.					C CC	=======================================			
	4.						<u>- 2m</u>			
						<u> </u>		<b></b>		
	5.					<u> 9</u>	التيدا			
	6.						H			
	7.						-57			
	8.					Ö				
	9,					74	. *	<del> </del>		
				1		-	<del> </del> '	<del> </del>		
	10.							<u></u>		
Initad	CERTIFICATE OF CIRCULA dersigned circulator of the above petition asserts that he or she States citizen; that each signature on the petition was signed in 4d through fraud, deceit or misrepresentation; that he or she ha	e is 18 years of age or older and a		CIRCULATOR - DO NOT SIGN OR DATE CERTIFICATE UNTIL AFTER CIRCULATING PETITION.						
obtained through fraud, deceit or misrepresentation; that he or she has neither caused nor permitted a person to sign the petition more than once and has no knowledge of a person signing the petition more than once; and that, to his or her best knowledge and belief, each signature is the genuine signature of the person purporting to sign the petition, the person signing the petition was at the time of signing a registered elector of the City or Township listed in the heading of the petition, and the elector was qualified			(Signature of Circulator)	(Date)						
to sigr	the petition.		(Printed Marile Of Circulator)							
If the he cou	le circulator is not a resident of Michigan, the circulator shall moox provided, otherwise each signature on this petition sheet is inted by a filing official. By making a cross or check mark in the	ake a cross [x] or check mark [√] invalid and the signatures will not box provided, the undersigned	(Complete Residence Address [Street and Number or Rural Route]) - [Do not enter a post office box]							
circula state f circula	DOX provided, otherwise each signature on this petition sneet is inted by a filing official. By making a cross or check mark in the tor asserts that he or she is not a resident of Michigan and agre- or the purpose of any legal proceeding or hearing that concerns tor and agrees that legal process served on the Secretary of S	es to accept the jurisdiction of this so a petition sheet executed by the state or a designated agent of the	(City or Township, State, Zip Code)							
Secret	ary of State has the same effect as if personally served on the ci	rculator.	(County of Registration, if Registered to Vote, of a Circulator who is not a Resident of Michigan)							

WARNING-A CIRCULATOR KNOWINGLY MAKING A FALSE STATEMENT IN THE ABOVE CERTIFICATE, A PERSON NOT A CIRCULATOR WHO SIGNS AS A CIRCULATOR, OR A PERSON WHO SIGNS A NAME OTHER THAN HIS OR HER OWN AS CIRCULATOR IS GUILTY OF A MISDEMEANOR.

ORDER BY GBS FORM NO. LB-8816 - Rev. 12/15 GOVERNMENTAL BUSINESS SYSTEMS • 1-888-640-8683 • www.gbsvote.com (FORM PRESCRIBED AND APPROVED BY THE SECRETARY OF STATE, STATE OF MICHIGAN)